DISCLOSURE SUMMARY PAGE

(Rev. 01/98) REPORT 2010 JUL 20 AM 8: 40 For Office Use Only C COMMITTEE NAME (Must be same as on Statement of Organization). Comm. # brundy County Democratic Central Commettee Indexed Audited IMPORTANT: Indicate type of committee you are reporting for: Computer (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate 5 County PAC (6) Ballot issue/Franchise Committee (7) County/City Central Committee (8 Support Sists of Candidates SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: 2010 _____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election County & Local Committees, enter County in ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happiles to Candidates' Committees Only) SUB-TOTAL \$ 111 6 42 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....\$ UNPAID BILLS (From Schedule D - Attach Schedule D)...... OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ___ NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FORM DR-2

DISCLOSURE

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MWDD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER		•	
	ID#	Clarisona Micholson	.) ~-	
0-10-10	169	503 Randall St Reinbeck, lo 50069	Copies for the	\$26.50
	ID#	Claressa Nicholson	•	60.113
0-12-10	ск# 7 70	503 Randall ST Reinbeck 20 50669	Copies fortes	5a.43
	ID#	M ourison Jostmaster	, X	
7-14-10	CK# MM	00 Box 9998 Marison Ja 50657	Damps "	44.00
	ID#			ĺ
	CK#			
	ID#			
:	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#		. '	
			SUB-TOTA	L \$ 122.93

TOTAL (If last page of this schedule) \$ 122

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	 of	
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

AReset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)	
Drundy	County Democratic Central Countle	T.e
<u> </u>	<i>X</i>	_

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	arlan andersen		•	
6-13-10	ск#9534	4084 dans Dike Ja 50624		15.00	
	ID#	Stan Van Hauer			
6-15-10	ск# 9788	Boy 294 Duke, Ja 50624		50.00	
	ID#	Lary of Sue Beek			
6-15-10	ск#	502 I Ave Grundy Center, le 50638		25.00	
	ID#	Dorothy Sheller			
6-15-10	ск#	23588 E aux Eldria da 50627-7512		25.00	
	ID#	marilyn Dedange			
6-16-10	CK# 8116	20051' O and Urundy Center, Ja 50638		30.00	
	ID#	Beth and Thompson			
6-15-10	CK# 8067	26593 4 ans Beinluck, la 50669		25.00	
	ID#	Gelda Elois Monk			
6-17-10	CK#14297	20534 a and Greenly Center , Ja 50038		50.00	4
	ID#	Greg or Barbara Branet			
6-17-10	CK#8651	Lout Center St Reinbeck do 50669		25.00	V
	ID#	Roma ld on da Donna Brunk			
6-18-10	CK#8709	12789 240th St Cearly La 50027		25.00	
	ID#	anne Beerker		_	
6-18-10	CK#	90 Box 44 mourison lo 50657		5.00	
		THE THE STATE OF T	SUB-TOTAL	hm G	

TOTAL (if last page of this schedule)

Page _____ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE MONETARY (Rev. 06/97) RECEIPTS

(Including candidate's personal funds)	(1.01, 00,01)	1000
COMMITTEE NAME (Must be some as an Old word of O	☐ CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMEN	NDING FORM
Streety County Democratic Central Committee		
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-19-10	CK# 5850	Christopher of margaret Droffm 704 Park St Reinbeck La 50669		\$5.00	
621-10	ск#3127	marian Balland 614 Pine 57 Reinbeck 19 50669		20.0C	
6-21-10	$ \alpha \alpha 1 $	Dan Michal 207 N 16th St Marshalltown, La 50158		50.00	맙
6-30-10	13758	Bruced Carol Gudon 1202 6th ST Brundy Center, So 50638		a5.50	
7-3-10	CK# 9884	Hary Limany Stattler GOBOX 84 Compad Se 50421		25.00	
7-7-10	^{ск#} 3935	Robert + Patricia Borry Po Boy 548		25.00	
7-9-10	ID# CK#	Kuth + daurie Beenken PoBox 12 Mourison, As 50657		25.00	
7-15-10		Carol Okin 502 = Caro Wrundy Center, Ja 50638		10-00	
7-15-10	3120	Peggy Husman POBOX 33 Monison la 50657		100.00	U
	ID# CK#				
1			SUB-TOTAL	M((1)	

TOTAL (if last page of this schedule)

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